BEST AVAILABLE COPY

	PATENT A	APPLICATIO Effecti	N FEE DE	RD	6	<u> </u>	70.	4				
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			46		and the second of the second o		RAT	Ε	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			서 minus 20=		• 26		X\$ 9=		OR	X\$18=	468	
INDEPENDENT CLAIMS			ار minus 3 =		1		X40=		OR	X80=	30	
MU	LTIPLE DEPEN	DENT CLAIM PF	ESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL		OR	TOTAL	W68
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								LLI	ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40)=		OR	X80=	5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								5=		OR	+270=	
							TC ADDIT.	TAL		OR	TOTAL ADDIT, FEE	
		(Column 1)			mn 2)	(Column 3)	700H.			-		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40)=		OR	X80=	·
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=		OR	+270=	
							TO ADDIT.	TAL		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								rce		_	AUDIT CE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	Marian California A	HIĞI NUN PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40)=		OR	X80=	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				IT CLAIM		l		 	1	1070-	
	If the entry in colu	ımn 1 is less than t	the entry in colu	ımn 2. wri	te "0" in co	olumn 3.	+13			OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Application or Docket Number